



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
COMMUNITY EDUCATION/AFTERSCHOOL PROGRAMS
School Age Community (SAC) - CCDF

INVOICE

District/Organization Name		Site Name (one form for <u>each</u> site)		Check Cohort Number <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
County/District Code Number _____ - _____		County Name		Phone Number ()	
Contact Person			Title/Position		
Street Address				Fax Number ()	
City		State		Zip Code	

DESCRIPTION OF SERVICES

Instructions:

1. For each invoice period, complete one form for each site that received a SAC grant.
2. All figures must be rounded to the nearest dollar. Make certain all figures and calculations are correct. Receipts/purchase orders are not required with this form but must be kept on file.
3. List total SAC grant amount of verifiable expenditures you are requesting reimbursement for. The State of Missouri does not make advanced payments for any services performed or goods purchased. Payments issued following month.
4. Forms not completed in their entirety or according to directions will be returned for revision and could result in delay of payment. See Invoice Policy in Kids Care/DESE Portal for additional form completion assistance.
5. Invoice dues dates are: September 15, December 15, March 15 and June 15.

Budget Category	Amount of Verifiable Expenditures	FOR OFFICE USE ONLY (Amount Requested)
Salaries	\$	\$
Benefits	\$	\$
Travel and Transportation	\$	\$
Materials and Supplies	\$	\$
Equipment	\$	\$
Professional Development	\$	\$
Purchased Services	\$	\$
Accreditation Fees	\$	\$
Other	\$	\$
In-Direct Costs	\$	\$
Total Amount of Payment Requested	\$	\$

Signature on this form indicates that the school district has complied with all guidelines in expending the grant award and that all expenditures have been approved and are related to the SAC Program and such documentation is available upon request.

Signature of Contact Person	Date	Authorized Signature	Date
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FOR OFFICE USE ONLY (do not complete below this line)

Approved by	Date	Payment Month/Year	Grant Year 200 ____ - 200 ____	Account Number
Total Amount Awarded	\$	PLEASE COMPLETE AND RETURN TO: Afterschool Program/SAC Community Education Department of Elementary and Secondary Ed. P.O. Box 480 Jefferson City, Missouri 65102-0480 Phone: (573) 522-2627 FAX: (573) 526-4261		
Previous Amount(s) Paid	\$			
Amount Paid with this Invoice	\$			
Amount Remaining	\$			